

LAB NUMBER (LAB USE ONLY)	DATE	ANIMAL ID / PIMS NUMBER		
	VETERINARY SURGEON	OWNER'S NAME		
	ADDRESS STAMP	OWNER'S ADDRESS		
NAME OF ANIMAL				
VET CODE	SPECIES	AGE		
	BREED	SEX	NEUTERED <input type="checkbox"/>	ENTIRE <input type="checkbox"/>

Please complete all relevant information on the form for a complete report

HISTOLOGY

UHS **FastTrack Histology** Samples received Monday to Friday. Excludes tissues requiring decalcification or incompletely fixed specimens

Number of Tissues submitted: Please indicate lesion description and site of tissue(s) below:

Site 1

Site 2

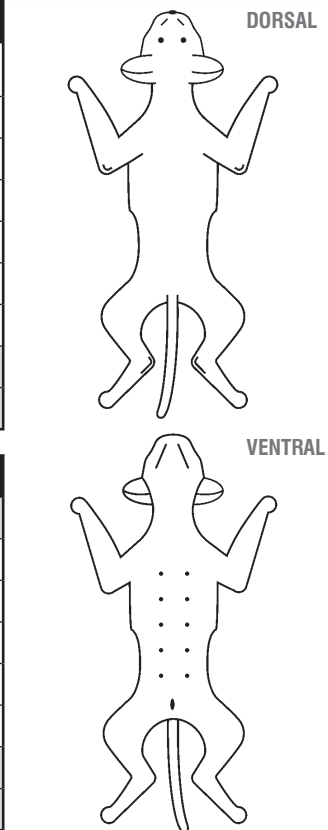
Site 3

Additional Sites

Has whole tumour been submitted? Yes No

Biopsy Method

Endoscopy Excisional Incisional Post Mortem Other:



CYTOLOGY

Cytology Type

Number of Sites submitted: Please indicate lesion description and site of sample(s) below:

Site 1

Site 2

Site 3

Additional Sites

Fluid

Tracheal BAL Nasal Prostatic Synovial CSF Urine

Abdominal Pleural Pericardial Other – please specify:

HISTOLOGY / CYTOLOGY PROFILES				
BMEC	Bone Marrow Cytology	<small>Includes Comprehensive Haematology - please submit 1 ml EDTA and air dried smear</small>	HICL	Histology & Culture & Sensitivity
SWCY	Cytology & Culture & Sensitivity		HISM	Histology & Cytology on Smears
HISK	Histology & Complete Skin Examination		HICY	Histology & Cytology on Fluids

Please provide history to allow for interpretation (please indicate Differential Diagnosis / Disease Suspected / Specific questions you would like answered)

Please include Previous Reference Number(s) if appropriate

Tissues to be submitted in 10% formal-saline. Polypropylene tubes with fixative are available from the laboratory. Please do not push large tissues into small pots. Please ensure absorbent material is included in order to contain any leakage in transit.

FOR LAB USE ONLY

EDTA FLUID	HISTOLOGY	PLAIN URINE	GTD
PLAIN FLUID	SKIN SCRAPE	BORIC URINE	REV
EDTA URINE	SKIN SLIDE	UNLABELLED	NHS
FIXED FLUID	EDTA WHOLE BLOOD	LOCK BOX	
FRESH TISSUE	SMEAR	COURIER	

FATTY	
PRE-STAINED	
NO OF SLIDES	

FOR LABORATORY USE ONLY

LAB NUMBER	CUT DATE	INITIALS	NUMBER OF TISSUES REC
DIAMETER OF TISSUES			
1	2	3	4
5			
PM TISSUES			
Liver	Lung	LN	Spleen
Heart	Kidney	Gut: _____	Other: _____
DESCRIPTION OF TISSUE Please circle			
SKIN BIOPSY	ENDOSCOPIC BIOPSY	OTHER BIOPSY: _____	SERIALLY SLICED
Incompletely Fixed	No Lymph Node Seen (Mammary)	Cut Open By Vet	No Lesion Seen
			Cut in Half
			Friable Tissue
			May Not Survive Processing
LABELLED PICTURE OF SECTIONS TAKEN			
NUMBER OF BLOCKS TAKEN	ALL PROC	Y N	RE-FIX
PROC DECAL	DECAL	_____ Days	SHORT DECAL
NUMBER OF DECAL BLOCKS TAKEN	DECAL ALL PROC	Y N	DATE DECAL TISSUES BAGGED